



State of New Jersey
Department of Environmental Protection
Bureau of Tidelands Management
P.O. Box 420 Code 501-02B
Trenton, NJ 08625-0420



TIDELANDS LICENSE APPLICATION FORM

PLEASE INCLUDE SIGNATURES OF ALL PERSONS LISTED ON THE CURRENT RECORDED DEED
ATTACH A SIGNATURE ADDENDUM PAGE IF MORE THAN TWO SIGNATURES ARE REQUIRED

Title Holder(s)		
Name:		
Mailing Address:	City:	State:
Zip Code:	Daytime Telephone Number:	Email Address:
Site Location		
Address:	Municipality:	County:
Block:	Lot:	Waterway:
Purpose of Application		
Please select all that apply:		
<input type="checkbox"/> Fixed Structure License, Bulkhead Extension License and/or Yacht or Boat Club License		
<input type="checkbox"/> Marina License		
<input type="checkbox"/> Dredging License		
<input type="checkbox"/> Utility or Utility-related License		
<input type="checkbox"/> Bridge License		
<input type="checkbox"/> Modification of Existing License File# _____		
Agent Information (optional)		
Agent Name:		
Mailing Address:	City:	State:
Zip Code:	Telephone Number:	Email Address:
Signatures		
<i>I, the undersigned, hereby request a Tidelands License from the State of New Jersey. I understand that construction may not be performed until said License is delivered. I also understand that the State has the right to revoke any License as set forth in N.J.S.A 12:3-10. Furthermore, I agree to abide by the terms and conditions contained in the License Document.</i>		
<input type="checkbox"/> I agree to act as my own representative in all matters pertaining to my Tidelands License.		
<input type="checkbox"/> I authorize the person named above to act as my agent in all matters pertaining to my Tidelands License. I understand that the Bureau of Tidelands Management will correspond only with this agent. Furthermore, I understand that I should direct future questions or concerns regarding my conveyance to my agent. This agreement will remain in effect unless I submit written notification to the Bureau of Tidelands Management.		
Signature of Title Holder:		Date:
Print Name:		
Signature of Title Holder:		Date:
Print Name:		